

H-2B Application for Temporary Employment Certification  
 Form ETA-9142B  
 U.S. Department of Labor



**IMPORTANT:** Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at the Office of Foreign Labor Certification's website at <https://www.dol.gov/agencies/eta/foreign-labor>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (\*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

**A. H-2B Application Visa Cap Estimates**

1. Of the total number of H-2B workers requested under Section B Item 4 of this application, estimate the number of H-2B workers the employer anticipates will be cap-subject and cap-exempt from the H-2B numerical visa cap.*	a. Cap-Subject	6
	b. Cap-Exempt	0

**B. Temporary Need Information**

1. Job Title* Amusement & Recreation Attendant – Traveling Carnival		
2. SOC Code* 39-3091.00	3. SOC Occupation Title* Amusement and Recreation Attendants	
4. Number of Workers* 6	5. Begin Date* (mm/dd/yyyy) 1/1/2025	6. End Date* (mm/dd/yyyy) 10/31/2025
7. Nature of Temporary Need (Choose only one)* <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent		
8. Statement of Temporary Need * (Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Please See Addendum		

**C. Employer Information**

1. Legal Business Name* Eich's LLC		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1* 10013 Alafia St.		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Gibsonton	6. State* Florida	7. Postal Code* 33534
8. Country* United States Of America		9. Province §
10. Telephone Number* +1 (813) 304-4987		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS)*		13. NAICS Code* 71399

**D. Employer Point of Contact Information**

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name* Eich	2. First (given) Name* Todd	3. Middle Name(s) §
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4. Contact's Job Title * President		
5. Address 1 * 10013 Alafia St.		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Gibsonston	8. State * Florida	9. Postal Code * 33534
10. Country * United States Of America	11. Province §	
12. Telephone Number * +1 (813) 304-4987	13. Extension §	14. Business Email Address * toddeich72@yahoo.com

**E. Attorney or Agent Information (If applicable)**

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.		<input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name § Judkins	3. First (given) Name § James	4. Middle Name(s) § Kendrick	
5. Address 1 § 2906 S. Expressway 83			
6. Address 2 (apartment/suite/floor and number) §			
7. City § Harlingen	8. State § Texas	9. Postal Code § 78552	
10. Country § United States Of America	11. Province § Not applicable		
12. Telephone Number § +1 (956) 440-8720	13. Extension § 000	14. Law Firm/Business Email Address § cathy.jkjworkforce@yahoo.com	
15. Law Firm/Business Name § JKJ Workforce Agency, Inc.		16. Law Firm/Business FEIN § [REDACTED]	

<b>If "Attorney" is marked in question E.1, complete questions 17 to 19 below.</b>	
17. State Bar Number(s) §	18. State of highest court where attorney is in good standing §
19. Name of the highest state court where attorney is in good standing §	

<b>If "Agent" is marked in question E.1, complete questions 20 and 21 below.</b>	
20. Is a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application attached? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. Is a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform attached to this application? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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**F. Employment and Wage Information**

**a. Job Opportunity and Minimum Requirements**

1. Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. *						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Name of the State * Florida				3. Date Job Order Submitted * 10/3/2024					
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> Please See Addendum									
5. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *						6. Hourly work schedule *			
40	a. Total Hours		0	c. Monday	8	e. Wednesday	8	g. Friday	a. <u>  1  </u> : <u>  00  </u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
8	b. Sunday		0	d. Tuesday	8	f. Thursday	8	h. Saturday	b. <u>  10  </u> : <u>  00  </u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
7. Education: minimum U.S. diploma/degree required. *									
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)									
8. Training: number of <u>months</u> required. *			0	9. Work Experience: number of <u>months</u> required. *			0		
10. Supervision: does this position supervise the work of other employees? *				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10a. If "Yes" to question 10, enter the number of employees worker will supervise. §			
11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum									

**b. Place of Employment and Wage Information**

1. Worksite Address * 10013 Alafia St.		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * Gibsonton	4. State * Florida	5. Postal Code * 33534

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6. County * Hillsborough		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Tampa-St. Petersburg-Clearwater, FL	
8a. Basic Wage Rate Paid * From: \$ 09 . 50 To: \$ 16 . 51		8b. Per (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	
8c. Are overtime hours available for this job opportunity at any work locations for the 9142B and Appendix A? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8d. Wage Rate Range for Overtime Pay § From: \$ . To: \$ .			
9. Additional conditions about the wage rate to be paid at any work locations § No overtime expected. Overtime, if any, calculated and paid as per applicable regulations.			
<b>DOL Prevailing Wage Determination (PWD) Information</b>			
10. 1st PWD Case Number * P-400-24204-213347	10a. 2nd PWD Case Number §	10b. 3rd PWD Case Number §	
11. If a valid PWD has <u>not</u> been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. §			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

**c. Additional Place of Employment and Wage Information**

1. Will work be performed at worksite locations other than the one identified in Section F.b.? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**d. Other Material Terms and Conditions of the Job Offer**

1. <b>Daily Transportation:</b> Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State and local laws and regulations. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
2. <b>On-the-Job Training Available:</b> Workers will be provided with on-the-job training to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
3. <b>Employer-Provided Tools and Equipment:</b> Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. <b>Board, Lodging, or Other Facilities:</b> Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
5. <b>Deductions From Pay:</b> State all deduction(s) from pay and, if known, the amount(s). * Please See Addendum	

**e. Recruitment Information**

1. Telephone Number to Apply * +1 (813) 304-4987	2. Email Address to Apply * toddeich72@yahoo.com
3. Website address (URL) to Apply * N/A	

**G. Other Supporting Documentation**

1. Type of Employer Application (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Joint Employer (e.g., Job Contractor)
2. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

**If "Joint Employer" (e.g. Job Contractor) is marked in question G.1, complete questions 3 and 4 below.**

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3. Indicate whether a completed <b>Appendix D</b> identifying the joint employer (or employer-client for a job contractor) has been included. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If a job contractor, indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<b>Foreign Labor Recruiter Information</b>	
5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Indicate whether a completed <b>Appendix C</b> providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**H. Declaration of Employer and Attorney/Agent**

*In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix B will not be certified by the Department.*

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in <b>Appendix B</b> and have attached a signed and dated copy of Appendix B with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the joint employer (e.g. <u>employer-client for a job contractor</u> ) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in <b>Appendix B</b> and has attached a <u>separate</u> signed and dated copy of Appendix B with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

**I. Preparer**

*Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or Section E (attorney or agent) of this application.*

1. Last (family) Name §	2. First (given) Name §	3. Middle Initial §
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §	
6. Law Firm/Business Email Address §		

For public burden statement information, please see Form ETA-9142B General Instructions.

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**ADDENDUM**

Section B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

OUR FAMILY HAS BEEN IN THE CARNIVAL BUSINESS ALL OUR LIVES, PROVIDING ENTERTAINMENT, GAMES, AND CONCESSIONS ON A SEASONAL BASIS. THIS COMPANY WAS ESTABLISHED IN 2020. CONGRESS HAS RECOGNIZED THE INHERENT SEASONALITY OF THE MOBILE ENTERTAINMENT BUSINESS AS DETAILED IN THE FAIR LABOR STANDARDS ACT SECTION 13(A)(3). THE US DOL HAS ALSO NOTED THE UNIQUE NATURE OF THE MOBILE ENTERTAINMENT BUSINESS AND THIS APPLICATION IS BEING FILED UNDER THE LONG-STANDING SPECIAL PROCEDURES THAT THE DEPARTMENT ESTABLISHED AND INCORPORATED INTO THE CURRENT REGULATORY FRAMEWORK FOR THESE MOBILE, MULTI-GENERATIONAL, SEASONAL, SMALL FAMILY BUSINESSES. OUR BUSINESS HAS A SEASONAL NEED FOR THESE WORKERS, RECURRING ON A PREDICTABLE ANNUAL BASIS. WE ARE OPEN FOR A SPECIFIC SEASON EACH YEAR, ARE A TRAVELING BUSINESS, THE WORK IS EVENINGS, WEEKENDS, AND HOLIDAYS, MAKING IT EXTREMELY DIFFICULT FOR US TO LOCATE WORKERS READY, WILLING, AND ABLE TO LEAVE THEIR HOMES & FAMILIES TO TRAVEL TO EACH OF OUR VENUES ALONG OUR ITINERARY. WE HAVE BEEN UNABLE TO HIRE SUFFICIENT AVAILABLE WORKERS IN THE US TO FILL THE POSTED POSITIONS WITH THE SHOW AND HAVE NEEDED TEMPORARY SEASONAL WORKERS TO AUGMENT OUR US WORKFORCE AND TO SUSTAIN OUR BUSINESS. FOR THE PAST SEVERAL SEASONS, THIS NEED HAS BEEN RECURRENT ANNUALLY FROM JANUARY THROUGH OCTOBER. WE COMPLETELY CEASE OUR MOBILE OPERATIONS FROM NOVEMBER THROUGH DECEMBER, AND WE DO NOT HAVE ANY PERMANENT WORKERS IN THIS JOB CATEGORY. WE ARE A SEASONAL BUSINESS, WITH A NEED FOR TEMPORARY FOREIGN WORKERS THAT IS SEASONAL, PREDICTABLE, AND RECURRENT ANNUALLY. THE NUMBER OF WORKERS REQUIRED TO OPERATE OUR SHOW IS OBVIOUSLY DICTATED BY THE EQUIPMENT (FOOD AND GAME CONCESSIONS) THAT WE OPERATE AT OUR VARIOUS LOCATIONS, THE HOURS OF OPERATION, AND THE NUMBER OF WORKERS THAT ARE REQUIRED TO SAFELY (FOR THE WORKERS THEMSELVES, THEIR FELLOW WORKERS AND FOR THE PUBLIC) MAINTAIN AND OPERATE THOSE FOOD AND GAME CONCESSIONS. THESE ARE THE FACTORS THAT I TAKE INTO CONSIDERATION AS I CALCULATE MY NEED FOR WORKERS SO THAT I CAN ACCURATELY COMPLETE THIS APPLICATION PROCESS, REMAIN COMPLIANT WITH, AND STRIVE TO PROTECT THE INTEGRITY OF THIS VITAL H-2B NON-IMMIGRANT FOREIGN WORKER PROGRAM. OUR TEMPORARY NEED FOR TEMPORARY FOREIGN WORKERS IS SEASONAL, PREDICTABLE, AND RECURRENT ANNUALLY. FOR THE CURRENT FISCAL YEAR, WE HAVE CALCULATED AND ARE FILING FOR 6 AMUSEMENT AND RECREATION ATTENDANTS FOR THE PERIOD JANUARY 1, 2025 THROUGH OCTOBER 31, 2025. FY24 WE FILED WITH YOUR DEPARTMENT AND WERE CERTIFIED FOR 6 AMUSEMENT AND RECREATION ATTENDANTS FOR THE PERIOD JANUARY 20, 2024 THROUGH OCTOBER 31, 2024, CERTIFICATE H-400-23295-448657. WE WERE DELAYED IN OUR FILING PROCESS AND REQUESTED A JANUARY 20 START DATE; HOWEVER, OUR TRUE DATE OF NEED WAS IN EARLY JANUARY. FY23 WE FILED WITH YOUR DEPARTMENT AND WERE CERTIFIED FOR 4 AMUSEMENT AND RECREATION ATTENDANTS FOR THE PERIOD FEBRUARY 1, 2023 THROUGH OCTOBER 31, 2023, CERTIFICATE H-400-22322-596801. WE WERE DELAYED IN OUR FILING PROCESS AND REQUESTED A FEBRUARY 1 START DATE; HOWEVER, OUR TRUE DATE OF NEED WAS IN JANUARY. FY22 WE FILED WITH YOUR DEPARTMENT AND WERE CERTIFIED FOR 4 AMUSEMENT AND RECREATION ATTENDANTS FOR THE PERIOD APRIL 1, 2022 THROUGH OCTOBER 31, 2022, CERTIFICATE H-400-22006-812552. WE WERE DELAYED IN OUR FILING PROCESS AND BY THE TIME WE WERE ABLE TO BEGIN THE FILING PROCESS, THE STATUTORY CAP FOR THE FIRST HALF OF THE FISCAL YEAR HAD BEEN REACHED. SO WE ADJUSTED OUR START DATE TO APRIL FOR THIS SEASONAL FILING. THIS CLEARLY DEMONSTRATES THAT OUR RECURRENT, ANNUAL, SEASONAL NEED HAS BEEN RECOGNIZED ON A HISTORICAL BASIS BY YOUR DEPARTMENT. WE ENGAGE IN EXTENSIVE RECRUITING IN HOPES OF FULFILLING OUR SEASONAL NEEDS. THIS RECRUITING PROCESS INCLUDES SOCIAL MEDIA, RECRUITMENT THROUGH INDUSTRY CONTACTS AND RELEVANT MEDIA, COMPLYING WITH ESTABLISHED DEPARTMENT OF LABOR ETA JOB SEARCH PROTOCOL, AS WELL AS HELP WANTED SIGNS AT ALL OUR VENUES. WE HAVE A CHRONIC NEED FOR E...SEE ATTACHED STN.

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**ADDENDUM**  
Section F.a.4: Job Duties

ADDENDUM FOR SECTION F.A.4: JOB DUTIES

PERFORM VARIETY OF ATTENDING DUTIES AT TRAVELING CARNIVAL. SET UP, TEAR-DOWN, FOOD CONCESSIONS, AND GAME CONCESSIONS.

THE OFLC ETA REQUESTED DETAIL ON SPECIFIC PORTIONS OF THESE JOB DUTIES.

FOOD CONCESSIONS SET UP & TEAR DOWN: MOBILE FOOD CONCESSIONS ARE TYPICALLY MOUNTED IN A TRAILER. A SUPERVISOR WOULD POSITION THE TRAILER(S) AT A SPECIFIC LOCATION ON THE GROUNDS, UNHITCH THE POWER UNIT FROM THE TRAILER. THE AWNINGS COVERING THE WINDOWS DURING TRANSIT WOULD BE RAISED & SECURED. ITEMS SUCH AS TRASH CANS, SCREENS, TABLES THAT MAY BE POSITIONED OUTSIDE OF THE TRAILER BUT CARRIED INSIDE OF THE TRAILER DURING TRANSIT WOULD BE MANUALLY MOVED FROM INSIDE THE TRAILER TO OUTSIDE. TRAILER WOULD BE CLEANED, SANITIZED & STOCKED WITH SUPPLIES FOR THE EVENT. ANY COUNTERS, GUIDANCE RAILINGS, SIGNAGE, DECORATIONS WOULD BE POSITIONED OUTSIDE OF THE TRAILER. CONDIMENT DISPENSERS, NAPKIN DISPENSERS & TRASH CONTAINERS WOULD BE SET UP OUTSIDE OF THE TRAILER. TYPICALLY THE FAIR OR EVENT MAINTAINS THE TABLES & CHAIRS FOR PATRONS, BUT IS SOME INSTANCES THE WORKER MAY SET UP A LIMITED NUMBER OF CHAIRS & TABLES FOR PATRON USE. TEARDOWN WOULD SIMPLY BE THESE DUTIES BEING HANDLED IN THE REVERSE ORDER & ITEMS BEING STORED & SECURED FOR TRANSIT TO THE NEXT LOCATION.

GAME CONCESSIONS: MOBILE GAME CONCESSIONS ARE TYPICALLY MOUNTED IN A TRAILER. A SUPERVISOR WOULD POSITION THE TRAILER(S) AT A SPECIFIC LOCATION ON THE GROUNDS, UNHITCH THE POWER UNIT FROM THE TRAILER, & MOVE THE POWER UNIT AWAY FROM THE GAME CONCESSIONS TRAILER. THE AWNING THAT IS CLOSED DURING TRANSIT WOULD BE OPENED. GAMING ITEMS (AIR GUNS, WATER GUNS, DARTS, ETC., AS APPROPRIATE FOR THE GAME) WOULD BE POSITIONED. PLUSH TOYS AND/OR GAME APPROPRIATE PRIZES WOULD BE POSITIONED / DISPLAYED. SIGNAGE, ILLUMINATION, SEATING (IF ANY), RAILINGS (IF ANY), FENCING (IF ANY) WOULD BE POSITIONED. TEARDOWN WOULD SIMPLY BE THESE DUTIES BEING HANDLED IN THE REVERSE ORDER & ITEMS BEING STORED & SECURED FOR TRANSIT TO THE NEXT LOCATION.

TO CLARIFY THE PORTION OF THE JOB DUTIES THAT INCLUDES OPERATE MOBILE FOOD CONCESSIONS STAND: ON A CARNIVAL MIDWAY, WHEN THERE IS A MOBILE FOOD CONCESSIONS, A STAND IS LIMITED TO SELLING ONLY ONE OR TWO SPECIFIC ITEMS, SUCH AS COTTON CANDY, POPCORN, TURKEY LEGS, ROASTED CORN, OR OTHER SPECIALTY FOODS. THE FOOD IS PREPARED IN A PRODUCTION LINE, WHERE AN INDIVIDUAL MAY ONLY PERFORM ONE TASK, SUCH AS MEASURING CORN & OIL INTO A POPPER. THE NEXT INDIVIDUAL WOULD SALT & BAG. THE NEXT INDIVIDUAL WOULD CHOOSE CORRECT BAG AS PER CUSTOMER ORDER & HAND TO TELLER. THE NEXT INDIVIDUAL WOULD HAVE TAKEN ORDER, TAKEN MONEY, MADE CHANGE & THEN HANDS ORDER TO CLIENT.

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**ADDENDUM**  
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

POST-EMPLOYMENT RANDOM DRUG TESTING & BACKGROUND CHECKS MAY BE REQUIRED, AT NO COST TO THE WORKER. THE JOB REQUIRES THE APPLICANT TO BE QUALIFIED, READY, WILLING, ABLE, & AVAILABLE TO PERFORM DURING THE ENTIRE EMPLOYMENT AT THE DESIGNATED WORKSITE; TO ENTER INTO & COMPLY WITH EMPLOYMENT CONTRACT; TO FOLLOW WORKPLACE RULES.



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**ADDENDUM**  
Section F.d.6: Deductions from Pay

ADDENDUM FOR SECTION F.D.6: DEDUCTIONS FROM PAY

EMPLOYER WILL MAKE ALL DEDUCTIONS FROM THE WORKER'S PAYCHECK REQUIRED BY LAW. IN ADDITION, THE EMPLOYER INTENDS TO MAKE THE FOLLOWING DEDUCTIONS FROM THE WORKER'S PAYCHECK WHICH ARE NOT REQUIRED BY LAW: NONE  
OPTIONAL MOBILE HOUSING (VALUED AT \$175.00 PER WEEK) AND LOCAL CONVENIENCE TRAVEL (VALUED AT \$25.00 PER WEEK) ARE AVAILABLE AT NO COST TO THE WORKER. MERIT INCREASES AND/OR BONUSES MAY BE AWARDED AT EMPLOYER DISCRETION.



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1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple Cities and Towns	FL	HILLSBOROUGH	A-ST. PETERSBURG-CLEARWATER				1/1/2025	1/10/2025	13.69	13.69	Hour
Multiple Cities and Towns	FL	PALM BEACH	PORT LAUDERDALE-WEST PALM BEACH				1/11/2025	2/5/2025	14.49	14.49	Hour
Multiple Cities and Towns	FL	HILLSBOROUGH	A-ST. PETERSBURG-CLEARWATER				2/6/2025	2/26/2025	13.69	13.69	Hour
Multiple Cities and Towns	TX	BEXAR	SAN ANTONIO-NEW BRAUNFELS, TEXAS				2/6/2025	2/28/2025	12.58	12.58	Hour
Multiple Cities and Towns	FL	PASCO	A-ST. PETERSBURG-CLEARWATER				2/27/2025	3/14/2025	13.69	13.69	Hour
Multiple Cities and Towns	FL	ORANGE	ORLANDO-KISSIMMEE-SANFORD, FLORIDA				2/27/2025	3/20/2025	13.39	13.39	Hour
Multiple Cities and Towns	TX	HARRIS	HOUSTON-THE WOODLANDS-SUGAR LAND, TEXAS				3/1/2025	3/21/2025	12.19	12.19	Hour
Multiple Cities and Towns	TX	BEXAR	SAN ANTONIO-NEW BRAUNFELS, TEXAS				3/22/2025	4/4/2025	12.58	12.58	Hour
Multiple Cities and Towns	TX	MAVERICK	REGION OF TEXAS NONMETROPOLITAN				3/22/2025	4/4/2025	12.44	12.44	Hour
Multiple Cities and Towns	FL	PASCO	A-ST. PETERSBURG-CLEARWATER				4/1/2025	4/3/2025	13.69	13.69	Hour

Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor \* Employment and Training Administration \* Office of Foreign Labor Certification \* 200 Constitution Ave., NW \* Box PPII 12-200 \* Washington, DC \* 20210 or by email to [ETA.OFLC.Forms@dol.gov](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24277-382509  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 10/28/2024

Validity Period: 1/1/2025 to 10/31/2025

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1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple Cities and Towns	TX	ATASCOSA	AN ANTONIO-NEW BRAUNFELS, TX			4/5/2025	4/11/2025	12.58	12.58	Hour	
Multiple Cities and Towns	TX	BEXAR	AN ANTONIO-NEW BRAUNFELS, TX			4/12/2025	4/25/2025	12.58	12.58	Hour	
Multiple Cities and Towns	TX	NUECES	CORPUS CHRISTI, TX			4/26/2025	5/9/2025	11.75	11.75	Hour	
Multiple Cities and Towns	MI	WAYNE	DETROIT-WARREN-DEARBORN, MI			5/10/2025	5/23/2025	13.67	13.67	Hour	
Multiple Cities and Towns	TX	HARRIS	HOUSTON-THE WOODLANDS-SUGAR LAND, TX			5/10/2025	5/30/2025	12.19	12.19	Hour	
Multiple Cities and Towns	GA	COBB	ATLANTA-SANDY SPRINGS-ROSWELL, GA			5/17/2025	5/30/2025	12.3	12.3	Hour	
Multiple Cities and Towns	MI	MACOMB	DETROIT-WARREN-DEARBORN, MI			5/24/2025	6/6/2025	13.67	13.67	Hour	
Multiple Cities and Towns	TX	HARRIS	HOUSTON-THE WOODLANDS-SUGAR LAND, TX			5/31/2025	6/6/2025	12.19	12.19	Hour	
Multiple Cities and Towns	GA	FULTON	ATLANTA-SANDY SPRINGS-ROSWELL, GA			5/31/2025	6/13/2025	12.3	12.3	Hour	
Multiple Cities and Towns	MI	WAYNE	DETROIT-WARREN-DEARBORN, MI			6/5/2025	6/19/2025	13.67	13.67	Hour	

**Public Burden Statement (1205-0509)**

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**FOR DEPARTMENT OF LABOR USE ONLY**

Form ETA-9142B H-400-24277-382509  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 10/28/2024

Validity Period: 1/1/2025 to 10/31/2025

H-2B Application for Temporary Employment Certification  
 Form ETA-9142B – Appendix A  
 U.S. Department of Labor



1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple Cities and Towns	NC	GASTON	ROLLOTTE-CONCORD-GASTONIA, N			6/5/2025	6/26/2025	12.76	12.76	Hour	
Multiple Cities and Towns	TX	HARRIS	ON-THE WOODLANDS-SUGAR LA			6/5/2025	6/17/2025	12.19	12.19	Hour	
Multiple Cities and Towns	MI	MACOMB	DETROIT-WARREN-DEARBORN, M			6/7/2025	6/13/2025	13.67	13.67	Hour	
Multiple Cities and Towns	TX	ARANSAS	CORPUS CHRISTI, TX			6/7/2025	6/13/2025	11.75	11.75	Hour	
Multiple Cities and Towns	MI	LIVINGSTON	DETROIT-WARREN-DEARBORN, M			6/14/2025	6/20/2025	13.67	13.67	Hour	
Multiple Cities and Towns	MO	BOONE	COLUMBIA, MO			6/14/2025	6/27/2025	14.05	14.05	Hour	
Multiple Cities and Towns	MI	WAYNE	DETROIT-WARREN-DEARBORN, M			6/14/2025	6/27/2025	13.67	13.67	Hour	
Multiple Cities and Towns	MI	WAYNE	DETROIT-WARREN-DEARBORN, M			6/19/2025	7/3/2025	13.67	13.67	Hour	
Multiple Cities and Towns	MI	WAYNE	DETROIT-WARREN-DEARBORN, M			6/21/2025	6/27/2025	13.67	13.67	Hour	
Multiple Cities and Towns	NC	ROWAN	ROLLOTTE-CONCORD-GASTONIA, N			6/28/2025	7/4/2025	12.76	12.76	Hour	

**Public Burden Statement (1205-0509)**

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FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24277-382509  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 10/28/2024

Validity Period: 1/1/2025 to 10/31/2025



H-2B Application for Temporary Employment Certification  
 Form ETA-9142B – Appendix A  
 U.S. Department of Labor

1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple Cities and Towns	MO	ST CHARLES	ST. LOUIS, MO-IL				6/28/2025	7/4/2025	14.12	14.12	Hour
Multiple Cities and Towns	OH	LUCAS	TOLEDO, OH				6/28/2025	7/4/2025	12.79	12.79	Hour
Multiple Cities and Towns	MI	OAKLAND	DETROIT-WARREN-DEARBORN, MI				7/3/2025	7/17/2025	13.67	13.67	Hour
Multiple Cities and Towns	MI	WAYNE	DETROIT-WARREN-DEARBORN, MI				7/5/2025	7/11/2025	13.67	13.67	Hour
Multiple Cities and Towns	MO	ST LOUIS	ST. LOUIS, MO-IL				7/5/2025	7/18/2025	14.12	14.12	Hour
Multiple Cities and Towns	DE	NEW CASTLE	PHIA-CAMDEN-WILMINGTON, PA				7/12/2025	7/18/2025	13.79	13.79	Hour
Multiple Cities and Towns	MI	OAKLAND	DETROIT-WARREN-DEARBORN, MI				7/12/2025	7/18/2025	13.67	13.67	Hour
Multiple Cities and Towns	MO	JEFFERSON	ST. LOUIS, MO-IL				7/19/2025	7/25/2025	14.12	14.12	Hour
Multiple Cities and Towns	DE	KENT	DOVER, DE				7/19/2025	8/1/2025	13.97	13.97	Hour
Multiple Cities and Towns	MI	MACOMB	DETROIT-WARREN-DEARBORN, MI				7/26/2025	8/1/2025	13.67	13.67	Hour

**Public Burden Statement (1205-0509)**

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**FOR DEPARTMENT OF LABOR USE ONLY**

Form ETA-9142B H-400-24277-382509  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 10/28/2024

Validity Period: 1/1/2025 to 10/31/2025

H-2B Application for Temporary Employment Certification  
 Form ETA-9142B – Appendix A  
 U.S. Department of Labor



1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per Hour
									From:	To:	
Multiple Cities and Towns	MO	GREENE	SPRINGFIELD, MO			7/26/2025	8/8/2025	13.1	13.1	Hour	
Multiple Cities and Towns	MI	WAYNE	DETROIT-WARREN-DEARBORN, MI			8/2/2025	8/8/2025	13.67	13.67	Hour	
Multiple Cities and Towns	MI	BRANCH	PENINSULA OF MICHIGAN NONMETROPO			8/2/2025	8/8/2025	13.21	13.21	Hour	
Multiple Cities and Towns	PA	WAYNE	PENNSYLVANIA NONMETROPO			8/2/2025	8/15/2025	11.58	11.58	Hour	
Multiple Cities and Towns	MO	PETTIS	W. MISSOURI NONMETROPOLITA			8/9/2025	8/22/2025	13.55	13.55	Hour	
Multiple Cities and Towns	MI	BERRIEN	NILES-BENTON HARBOR, MI			8/16/2025	8/22/2025	12.97	12.97	Hour	
Multiple Cities and Towns	NY	ONONDAGA	SYRACUSE, NY			8/16/2025	9/5/2025	16.51	16.51	Hour	
Multiple Cities and Towns	MO	BOONE	COLUMBIA, MO			8/23/2025	8/29/2025	14.05	14.05	Hour	
Multiple Cities and Towns	NE	HALL	GRAND ISLAND, NE			8/23/2025	9/5/2025	11.97	11.97	Hour	
Multiple Cities and Towns	MO	JACKSON	KANSAS CITY, MO-KS			8/30/2025	9/5/2025	13.3	13.3	Hour	

**Public Burden Statement (1205-0509)**

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Form ETA-9142B H-400-24277-382509  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 10/28/2024

Validity Period: 1/1/2025 to 10/31/2025



H-2B Application for Temporary Employment Certification  
 Form ETA-9142B – Appendix A  
 U.S. Department of Labor

1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple Cities and Towns	TN	KNOX	KNOXVILLE, TN				9/6/2025	9/19/2025	11.35	11.35	Hour
Multiple Cities and Towns	OK	OKLAHOMA	OKLAHOMA CITY, OK				9/6/2025	9/26/2025	11.32	11.32	Hour
Multiple Cities and Towns	TN	LAWRENCE	TRAL TENNESSEE NONMETROPC				9/27/2025	10/3/2025	11.36	11.36	Hour
Multiple Cities and Towns	AL	COLBERT	FLORENCE-MUSCLE SHOALS, AL				9/27/2025	10/17/2025	9.5	9.5	Hour
Multiple Cities and Towns	GA	FLOYD	ROME, GA				10/4/2025	10/10/2025	11.48	11.48	Hour
Multiple Cities and Towns	AL	MONTGOMERY	MONTGOMERY, AL				10/4/2025	10/17/2025	11.03	11.03	Hour
Multiple Cities and Towns	NC	WAKE	RALEIGH, NC				10/11/2025	10/24/2025	12.73	12.73	Hour
Multiple Cities and Towns	FL	VOLUSIA	A-DAYTONA BEACH-ORMOND BE				10/12/2025	10/28/2025	13.15	13.15	Hour
Multiple Cities and Towns	FL	LEE	CAPE CORAL-FORT MYERS, FL				10/16/2025	10/29/2025	13.14	13.14	Hour
Multiple Cities and Towns	MS	JONES	ST MISSISSIPPI NONMETROPOLI				10/18/2025	10/31/2025	10.38	10.38	Hour

**Public Burden Statement (1205-0509)**

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Form ETA-9142B H-400-24277-382509  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 10/28/2024

Validity Period: 1/1/2025 to 10/31/2025



H-2B Application for Temporary Employment Certification  
 Form ETA-9142B – Appendix A  
 U.S. Department of Labor

1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple Cities and Towns	SC	CHARLESTON	RLESTON-NORTH CHARLESTON			10/28/2025	10/31/2025	12.72	12.72	Hour	
Multiple Cities and Towns	MO	ST CHARLES	ST. LOUIS, MO-IL			10/28/2025	10/31/2025	14.12	14.12	Hour	

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Form ETA-9142B H-400-24277-382509 Case Status: Full Certification  
 H-2B Case Number: \_\_\_\_\_ Determination Date: 10/28/2024 Validity Period: 1/1/2025 to 10/31/2025





H-2B Application for Temporary Employment Certification  
 Form ETA-9142B – Appendix C  
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this *H-2B Application for Temporary Employment Certification*, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

**Foreign Labor Recruiter Information 1**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Apolinar Barrios	Jesus	
4. Name of Employer/Recruiting Organization *		
Vamos Juntos Alcanzndo Bienestar Asociacion		
5. City *	6. State *	7. Postal Code *
TLAPACOYAN	N/A	93650
8. Country *	9. Province §	
MEXICO	VERACRUZ	

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

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